

Permit No. _____ Date Received: _____ Initials _____

TEMPORARY SIGN PERMIT APPLICATION
CITY OF GAHANNA ZONING DEPARTMENT

Business Name _____

Address _____ Phone _____

*Applicant Name _____ Phone _____

Address _____ Fax _____

Email _____

*(All Correspondence will be with the applicant above unless otherwise noted.)

Type of Temporary Sign:

____ Flying or Feather Banner: attention
flag (15 sq. ft. max., 2 per street frontage)

____ Pennant Banner (max size n/a)

____ Portable A-Frame or T-Frame Sign
(8 sq. ft. max., 1 sign)

____ Promotional Banner (40 sq. ft max., 1 banner)

____ Wall Sign (16 sq. ft. max., 1 sign)

____ Window Sign (not to exceed 25% of
aggregate window space)

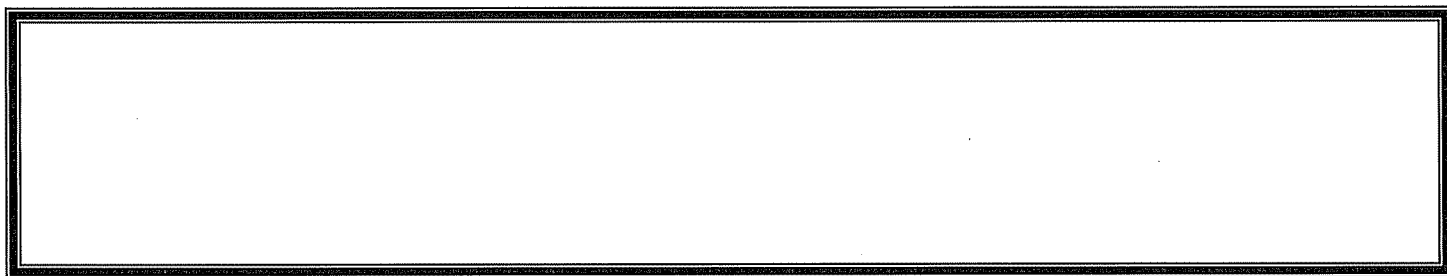
____ Freestanding Signs(6 sq. ft. max.,
2 per street frontage)

Sign Material: _____

Colors: Background _____ Letters _____

Anchoring Description _____

Please provide picture or sketch the temporary sign below:



Sign Location on Property (wall or ground) _____

Dimensions: Length: _____ Width: _____ Overall Height: _____

Sign Erection Date _____

APPROVAL

In accordance with Chapter 1165 of the Codified Ordinances of Gahanna, Ohio, I hereby certify that the Temporary Sign Permit, as described in this application, has been approved. Sign must be removed by specified date below.

Planning & Zoning Administrator: _____ Date: _____

Conditions: _____

Sign Removal Date _____